

TRANSMITTAL FORM AND FEE TRANSMITTAL

AT/4
-72

Attorney Docket No.:	RD 001-1	First Named Inventor (a):	Reed
Application No.:	10/734,868	Filing Date:	12/12/2003
Examiner:	Marsh, Steven M.	Group Art Unit:	3632

(a) Where an inventor is not named, alphanumeric identifier provided in lieu thereof.

This Transmittal Sheet is accompanied by



Reply to the Office Action mailed 10/18/2007, Request to Correct Inventorship, Substitute Specification in clean form without markings, Substitute Specification with markings showing changes, replacement drawings (1 sheet), annotated drawings (1 sheet), check for \$60.00, and an Acknowledgement Postcard

Fee Calculations -- Applicant is a small entity

Excess claim fees

	No. in Specification or after Amendment	No. Included in Filing Fee or Previously Paid For	No. Extra (b)	Applicable Fee	Fee Paid
Total Claims	16	- 25 =	0	x 50/25 (ea)	
Independent Claims	3	-6 =	0	x 200/100 (ea)	
			Subtotal Extra claim fees		(\\$)

Additional fees

Fee Paid	
Extension for Reply (1 month)	60
A Subtotal Additional fees	\$ 60.00

Total Fees

Total Fees Submitted \$ 60.00

A check for \$\$60.00 is attached

Authorization to Charge Deposit Account for Additional Fees

The Assistant Commissioner for Patents is hereby authorized to charge any additional fees required under 37 CFR §§ 1.16 and 1.17, and credit any overpayments to, the following deposit account.

Deposit Account No: **19-2090** Deposit Account Name: **Sheldon Mak Rose & Anderson**

This sheet is transmitted in duplicate.

CERTIFICATE OF MAILING UNDER 37 CFR

1.8

Signature 

Respectfully Submitted,

T. H. P. Richardson

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